Candidate REPORT OF RECEIPTS AND DISBURSEMENTS 2016 Annual Report

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| Capital Office | l |

Delbert Hosemann SECRETARY OF STATE

Mac Hudleston Name of Candidate

P.O. Trawer 300 Portotoc, Ins 38863 County Portotoc

Roprese Natives District 15 Email Address Emachs

Check here if above is different from previous report

All candidates, excluding judicial candidates on the November 2016 General Election ballot.

Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) Required to terminate reporting obligations

IMPORTANT

- Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar Itemized + Non-itemized = **This Period** Year-To-Date Total amount of contributions 1,010.90 Total amount of disbursements \$ 735,00 Total amount of cash on hand

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

January 13,2017

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seg. for statutory requirements. Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
- 2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
- 3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

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|------|---|----|----|
| | | | |

| Name of Candidate | e or Committee Mac | Huddleston | Campaign | |
|-------------------|--------------------|------------|---------------------|-----|
| Reporting period | January 1, 2016 | through | December 31,2 | 017 |
| | 'ITEM | IZED | RECEIP ⁻ | ΓS |

| ITEMIZED RECEIPTS | | | |
|---|---------------------------|--|--|
| A. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period | |
| Full name ATT PAZ | 12/30/16 | \$ \[\(\frac{250,00}{\)} | |
| Mailing Address III East Capital Street, SniTe 6630 | | \$ | |
| City, State, Zip Code | | \$ | |
| Name of Employer (Required) | | \$ | |
| Occupation (Required) | Aggregate year–to-date | \$ | |
| B. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period | |
| Fulf States Togota, I've | <u> </u> | \$ 500 50 | |
| 1375 Enclave Parkway | | \$ | |
| Houston, IX 77077 | | \$ | |
| Name of Employer (Required) | | \$ | |
| Occupation (Required) | Aggregate year–to-date | \$ | |
| C. Source Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period | |
| Full name BNSF Railway | 08/25/16 | \$ 250 00 | |
| Mailing Address #2.80 East Shelby Drive | | \$ | |
| City, State, Zip Code (Ut mis his 1 IV 38116 | | \$ | |
| Name of Employer (Required) | | \$ [| |
| Occupation (Required) | Aggregate year–to-date | \$ | |
| D. Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period | |
| Full name | | \$ | |
| Mailing Address | | \$ | |
| City, State, Zip Code | | \$ | |
| Name of Employer (Required) | | \$ | |
| Occupation (Required) | Aggregate year–to-date | \$ | |

Name of Candidate or Committee Mac Hubbeston Campaign

Reporting period January 1, 2016 through December 34, 2016

ITEMIZED DISBURSEMENTS

| Rontotoc High School Football Boosters | Date (Mo., Day, Year) | Amount of each disbursement this period |
|--|---------------------------|--|
| Portotoc High School Football Boosters Mailing Address 2135 High way 9, North City, State, Zip Code | 67 R5117 | \$ 25000 |
| Port the Post 38863 Purpose of Disbursement (Optional) | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | // | \$ |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| C. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | // | \$ |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | // | \$ |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | // | \$ |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | // | \$ |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |